## REQUEST FOR COPY OF BIRTH CERTIFICATE VS-39B Revised: 6/26/07 10/1/2.009

PLEASE PRINT	D	O NOT MAIL C	ASH
ULL NAME AT BIRTH:	FIRST		
	FIRST	MIDDLE	LAST NAME
AIE OF BIRIH: / / MONTH DAY YEAR	PLACE OF	BIRIH:	TOWN/CITY
ATHER'S FULL NAME:	FIRST	MIDDLE	LAST NAMB
OTIVED AND THE WAY OF	TROL	MIDDEB	LAST NAME
OTHER'S MAIDEN NAME:	FIRST	MIDDLE	MAIDEN NAME
ERSON MAKING THIS REQUEST:			
AME: FIRST			
	МП	DDLE	LAST NAME
DDRESS:number	STF	CEET	
WN/CITY:		ATE:	ZIP CODE:
LEPHONE NO :			
GNATURE: X			
REQUESTER MUST MAIL THIS REQUES	S THOSE NEEDED TO  FULL SIZE (fee \$ 20  ATTACH A COPY OF PICT RELATIONSHIP  I WITH PAYMENT TO TH	years of the property of the p	at the town/city of Birth ical Listing By fown
at the Department	of Public Health website: htt	p://www.dph.state.c	et us/PB/HISR/townclerks htm
TTACH A COPY OF PICTURE IDENTIFICATION H IF <u>NOT</u> APPLYING IN PERS			I declare this is
			The same bear over the
			My own birth certificate, if over 18
			My child's birth certificate
			My child's birth certificate
			My child's birth certificate  My parent's/grandparent's certificate

PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by any two of the following documents: Social Security cards written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address; and voter registration card. §19a-41-2